## INTEROFFICE MEMO

**DATE** PHONE

**FROM** 



## TO SHERIFF'S VOLUNTEER FORCES

SEPARATION FROM VOL	UNTEER UNIT		
This is to certify that			
·	Full Name		
Has been separated from volunteer un	nit Name and Number:		
		#	
	on		
Station / Division		Da	ate
Reason for separation			
Was this person At Willed? Would recommend rehire Would not recommend rehire All County property, identification car Please include with separation form a	  ard and/or badge, etc., has	s been turned	in:
Trease menue with separation form a	and station file.		
Name of Person Submitting Form	Phone	Number	Date
Unit Coordinator		Date	
Station Commander			Date